

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Helene Schneider for Congress

ADDRESS (number and street)

5429 Madison Avenue

Check if different
than previously
reported. (ACC)

Sacramento

CA

95841

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00576009

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

24

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Copeland, Rita, , ,

Type or Print Name of Treasurer

Copeland, Rita, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 17

Write or Type Committee Name
Helene Schneider for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	653088.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	97301.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	555787.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11608.62	565785.05
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11608.62	565785.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 17

Write or Type Committee Name

Helene Schneider for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

0.00

579818.42

(ii) Unitemized.....

0.00

57519.68

(iii) TOTAL of contributions from individuals ▶

0.00

637338.10

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

15750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

653088.10

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

14511.59

14677.95

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

14511.59

667766.05

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11608.62	565785.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	97051.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	97301.00
21. OTHER DISBURSEMENTS	4050.00	4680.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15658.62	667766.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1147.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14511.59
25. SUBTOTAL (add Line 23 and Line 24).....	15658.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15658.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Buying Time, LLC

Mailing Address 650 Massachusetts Ave., NW, Ste. 2

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5417.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 16 2016

Transaction ID : INCA1937

Amount of Each Receipt this Period

5417.93

☐ Memo Item
☐ Refund

Full Name (Last, First, Middle Initial)

B. San Luis Obispo County Clerk

Mailing Address 1055 Monterey Street, Room D120

City

San Luis Obispo

State

CA

Zip Code

93408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

742.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 15 2016

Transaction ID : INCA1927

Amount of Each Receipt this Period

742.98

☐ Memo Item
☐ Refund

Full Name (Last, First, Middle Initial)

C. Santa Barbara County Registrar of Voters

Mailing Address 4440-A Calle Real

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6703.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : INCA1915

Amount of Each Receipt this Period

6703.04

☐ Memo Item
☐ Refund

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12863.95

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

State Compensation Insurance Fund

A. Mailing Address Post Office Box 7441

City

San Francisco

State

CA

Zip Code

94120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

390.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 09 2016

Transaction ID : INCA1934

Amount of Each Receipt this Period

390.76

☐ Memo Item
☐ Refund

Full Name (Last, First, Middle Initial)

Tightline Strategies, Inc

B. Mailing Address 800 Market Street, Suite 500

City

Saint Louis

State

MO

Zip Code

63101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1163.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 01 2016

Transaction ID : INCA1930

Amount of Each Receipt this Period

1163.00

☐ Memo Item
☐ Refund

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1553.76

14417.71

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Card Service Center

Mailing Address Post Office Box 569100

City
DallasState
TXZip Code
75356Purpose of Disbursement
See Individual Credit Card Payees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

839.40

Transaction ID : EXPB1928

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dunkin Donuts

Mailing Address 3771 State Street

City
Santa BarbaraState
CAZip Code
93105Purpose of Disbursement
Food

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

32.55

Transaction ID : PDTB18EXPB1928

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Exxon Mobil

Mailing Address 4801 Hollister Avenue

City
Santa BarbaraState
CAZip Code
93111Purpose of Disbursement
Gas

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

28.65

Transaction ID : PDTB16EXPB1928

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

839.40

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Ming Dynasty

Mailing Address 290 Storke Road, Suite G

City
GoletaState
CAZip Code
93117Purpose of Disbursement
Food

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

417.58

Transaction ID : PDTB21EXPB1928

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 219 E Gutierrez Street

City
Santa BarbaraState
CAZip Code
93101Purpose of Disbursement
Shredding and Boxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

62.72

Transaction ID : PDTB22EXPB1928

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Potek Winery

Mailing Address 406 E Haley Street, # 1

City
Santa BarbaraState
CAZip Code
93101Purpose of Disbursement
Beverages

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

252.72

Transaction ID : PDTB20EXPB1928

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. ReadyRefresh by Nestle

Mailing Address Post Office Box 856158

City
LouisvilleState
KYZip Code
40285Purpose of Disbursement
Water

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

18.42

Transaction ID : PDTB19EXPB1928

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UC Santa Barbara

Mailing Address 1210 Cheadle Hall

City
Santa BarbaraState
CAZip Code
93106Purpose of Disbursement
Parking

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : PDTB17EXPB1928

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Vons Store

Mailing Address 729 N H Street

City
LompocState
CAZip Code
93436Purpose of Disbursement
Food

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

16.76

Transaction ID : PDTB15EXPB1928

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Davis, Katherine P., , ,

Mailing Address 1618 W 13th Street, N

City
WichitaState
KSZip Code
67203Purpose of Disbursement
Salary

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1847.00

Transaction ID : EXPB1924

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davis, Katherine P., , ,

Mailing Address 1618 W 13th Street, N

City
WichitaState
KSZip Code
67203Purpose of Disbursement
Salary

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	13	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1246.72

Transaction ID : EXPB1939

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Parker, Samuel J., , ,

Mailing Address 2175 Fallen Leaf Drive

City
Santa MariaState
CAZip Code
93455Purpose of Disbursement
Salary

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	13	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1246.72

Transaction ID : EXPB1940

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4340.44

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. RCBS Payroll

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Payroll Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

64.00

Transaction ID : EXPB1926

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RCBS Payroll

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

306.00

Transaction ID : EXPB1925

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. RCBS Payroll

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Payroll Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

64.00

Transaction ID : EXPB1943

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

434.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. RCBS Payroll

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

566.12

Transaction ID : EXPB1942

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. River City Business Services

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Bookkeeping, Postage, Copies, Supplies and Software Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

905.05

Transaction ID : EXPB1919

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. River City Business Services

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Bookkeeping, Postage, Copies, Supplies and Software Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

537.08

Transaction ID : EXPB1935

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2008.25

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. River City Business Services

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Bookkeeping, Postage, Copies, Supplies and Software Fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

186.48

Transaction ID : EXPB1938

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. River City Business Services

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
Bookkeeping, Postage, Copies and Software Fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2482.62

Transaction ID : EXPB1949

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sage Payment Solutions

Mailing Address 12120 Sunset Hills Road, Suite 500

City
RestonState
VAZip Code
20190Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

359.93

Transaction ID : EXPB1921

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3029.03

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Select Bankcard

Mailing Address 170 Interstate Plaza, Suite 220

City

Lehi

State

UT

Zip Code

84043

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : EXPB1922

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Select Bankcard

Mailing Address 170 Interstate Plaza, Suite 220

City

Lehi

State

UT

Zip Code

84043

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : EXPB1933

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Smith, Patrick J., , ,

Mailing Address 673 Via De Tierra

City

Newbury Park

State

CA

Zip Code

91320

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

923.50

Transaction ID : EXPB1941

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

957.50

TOTAL This Period (last page this line number only).....▶

11608.62

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Friends of Anna Throne-Holst

Mailing Address Post Office Box 6

City
SouthamptonState
NYZip Code
11969Purpose of Disbursement
Contribution

011

Candidate Name

Anna Throne-Holst, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C C00578401

Amount of Each Disbursement this Period

2000.00

Transaction ID : EXPB1944

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kim Myers for Congress

Mailing Address Post Office Box 1255

City
VestalState
NYZip Code
13851Purpose of Disbursement
Contribution

011

Candidate Name

Kim Myers, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C C00610642

Amount of Each Disbursement this Period

1000.00

Transaction ID : EXPB1945

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Laura Friedman for Assembly 2016

Mailing Address 1531 Purdue Avenue

City
Los AngelesState
CAZip Code
90025Purpose of Disbursement
Non-Federal Contribution

011

Candidate Name

Laura Friedman for Assembly 2016

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : EXPB1946

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

Full Name (Last, First, Middle Initial)

A. Re-Elect Cheryl Heitman for Ventura City Council 2016

Mailing Address Post Office Box 444

City
VenturaState
CAZip Code
93002Purpose of Disbursement
Non-Federal Contribution

011

Candidate Name

Re-Elect Cheryl Heitman for Ventura City Council 2016

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : EXPB1947

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Bloom for Assembly 2016

Mailing Address 2801 Ocean Park Boulevard, # 295

City
Santa MonicaState
CAZip Code
90405Purpose of Disbursement
Non-Federal Contribution

011

Candidate Name

Richard Bloom for Assembly 2016

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : EXPB1948

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶

4050.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Helene Schneider for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Card Service Center

Nature of Debt (Purpose):

See Individual Credit Card Payees

Mailing Address Post Office Box 569100

City

Dallas

State

TX

Zip Code

75356

Outstanding Balance Beginning This Period

839.40

Transaction ID : PAYD1923

Amount Incurred This Period

0.00

Payment This Period

839.40

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

River City Business Services

Nature of Debt (Purpose):

Bookkeeping, Postage, Copies, Supplies and
Software Fee

Mailing Address 5429 Madison Avenue

City

Sacramento

State

CA

Zip Code

95841

Outstanding Balance Beginning This Period

905.05

Transaction ID : PAYD1913

Amount Incurred This Period

0.00

Payment This Period

905.05

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)